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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JAN 3 1949

Registration District No. 156

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 40516

Primary Registration District No. 204

Registrar's No.

1. PLACE OF DEATH:
(a) County: Jasper
(b) City or town: Joplin
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St John's Hospital O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 27 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jasper
(c) City or town: Joplin
(If outside city or town limits, write "RURAL")
(d) Street No.: 601 North Sergeant
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Alma White MANLOVE
3. (b) If veteran, name war:
3. (c) Social Security No.:
4. Sex: Female
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Joe J. Manlove
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: December (Month) 15 (Day) 1870 (Year)

8. AGE: Years 70 | Months 0 | Days 5 | If less than one day: hr. min.

9. Birthplace: Pierce City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
12. Name: Mr. A.L. White
13. Birthplace: New York (City, town, or county) (State or foreign country)
14. Maiden name: Sarah Virginia Perkins
15. Birthplace: Springfield (City, town, or county) Missouri (State or foreign country)
16. Informant: Mr John J. Manlove
(b) Address: 601 No. Sergeant Joplin, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec 23, 1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Hope Cemetery
18. (a) Signature of funeral director: Thornhill-Dillon
(b) Address: 305 West 4th St. Joplin, Mo.
19. (a) 12-23-48 (Date received local registrar) (b) [illegible] (Registrar's signature)

138-0

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 21st. year 1948 hour 4:30 minute A. M.
21. I hereby certify that I attended the deceased from March 29 1945, 19..., to Dec 21 1948 19...; that I last saw her alive on Dec 21 1948, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: General carcinomatosis,	
Due to: Right axillary,	1yr
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Carcinomatous of gland from right axillary,
Of autopsy: 55E

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify):
(b) Date of occurrence:
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work: (e) Means of injury: O
23. Signature: [illegible] (M. D. or other)
Address: Frisco Bldg, Joplin Mo. Date signed 12/21/48

Cow lay at home 4 days

48-12-1069

JAN 21 1949

FEB 23 1949

APR 12 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Erling M. Dungy

Licensed Embalmer No. 3566

P. O. Address Joplin Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } SS.
County of Jasper }

State File No.
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 25th day of January, 1949, before me appears Joe J. Manlove, who, upon his oath, states that the original record of ~~birth~~ death for Alma White Manlove, ~~born~~ died December 21, 1948, in the State of Missouri, and which was filed at Joplin Mo on Dec. 21, 1948, should be corrected as follows:

Item No. #7 should read December 15, 1878

Instead of

Item No. #1667 should read 1912 Joe J. Manlove

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Joe J. Manlove
Relationship Husband
601 North Sergeant Ave.
Present Address Joplin Missouri

Subscribed and sworn to before me this 25th day of January, 1949.

My Commission expires ~~My Commission Expires December 12, 1951~~ Teresa E. Hedrick Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

NOTE

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K37817

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